



News Flash – Remember: The Transition to ICD-10 is Coming October 1, 2013 – there will be no Extension. On October 1, 2013, the Centers for Medicare & Medicaid Services (CMS) will implement the ICD-10-CM (diagnoses) and ICD-10-PCS (inpatient procedures), replacing the ICD-9-CM diagnosis and procedure code sets. ICD-10-CM diagnoses codes will be used by all providers in every health care setting. ICD-10-PCS procedure codes will be used only for hospital claims for inpatient hospital procedures. The compliance dates are firm and not subject to change. There will be no delays. There will be no grace period for implementation. For more information about ICD-10 Implementation, please read MLN Matters® Special Edition article SE1019 located at <http://www.cms.gov/MLN MattersArticles/downloads/SE1019.pdf> on the CMS website.

MLN Matters® Number: MM6856 **Revised** Related Change Request (CR) #: 6856

Related CR Release Date: October 8, 2010 Effective Date: October 1, 2010 (Phase 1); July 1, 2011 (Phase 2)

Related CR Transmittal #: R7810TN Implementation Date: October 4, 2010 (Phase 1); July 5, 2011 (Phase 2)

Expansion of the Current Scope of Editing for Attending Physician Providers for free-standing and provider-based Home Health Agency (HHA) claims processed by Medicare Regional Home Health Intermediaries (RHHIs)

Note: This article was revised on October 13, 2010, to reflect the revised CR 6856, which was issued on October 8, 2010. The effective and implementation dates of Phase 2 were changed to July 1, 2011 and July 5, 2011, respectively. Also, the CR release date, transmittal number, and the Web address for accessing CR 6856 were revised. All other information in the article is the same.

Provider Types Affected

This article is for free-standing and provider-based Home Health Agencies (HHAs) who bill Medicare Regional Home Health Intermediaries (RHHIs) for services provided to Medicare beneficiaries.

Provider Action Needed

CR 6856, from which this article is taken, requires that: the National Provider Identifier (NPI) for the attending physician provider on an HHA claim is valid, the

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provider is enrolled in Medicare, and is of a specialty eligible to be an attending physician for HHA services. Medicare does this by allowing the Fiscal Intermediary Shared System (FISS) to match data on a provider-billed claim to that on Medicare's Provider Enrollment, Chain and Ownership System (PECOS) file. Providers enrolled in the Medicare program must be in the PECOS file in an approved or opt out status. Note that, when a plan of treatment is needed and submitted from an HHA, the attending physician must be either (1) a doctor of medicine or osteopathy or (2) a doctor of podiatric medicine. These provider types are also the only providers who can order/refer beneficiaries for HHA services. Be sure billing staffs are aware of this change.

Background

The Centers for Medicare & Medicaid Services (CMS) is expanding claim editing to meet the Social Security Act requirements for the attending physician when a plan of treatment is needed and submitted from an HHA. In this document the word 'claim' means both electronic and paper claims. The following are the only providers who can order/refer HHA beneficiary services:

- Doctor of medicine or osteopathy; and
- Doctor of podiatric medicine.

CMS claim editing is being expanded to verify that the attending physician on an HHA claim is eligible and is enrolled in Medicare's PECOS. The editing expansion will be done in two phases:

- **Phase 1 (October 1, 2010 – June 30, 2011)** - When a claim is received, CMS will determine if the attending physician is required for the billed service. If the attending physician's NPI is on the claim, Medicare will verify that the attending physician is on the national PECOS file. If the attending physician NPI is not on the national PECOS file during Phase 1, the claim will continue to process but a message will be included on the remittance advice notifying the billing provider that claims may not be paid in the future if the attending physician is not enrolled in Medicare or if the attending physician is not of the specialty eligible to be an attending physician for HHA services.
- **Phase 2 (On or after July 1, 2011)** – As stated above, Medicare will determine if the attending physician's NPI is required for the billed service. If the billed service requires an attending physician and the attending physician's NPI is not on the claim, the claim will not be paid. If the attending physician's NPI is on the claim, Medicare will also verify that the attending physician is on the national PECOS file. If the attending

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physician is on the PECOS file, but not as a specialty eligible to be an attending physician, the claim, during Phase 2, will not be paid.

In both phases, FISS will use this process to determine if the attending physician on the claim matches the providers in the national PECOS file. If a match is found, the FISS will then compare the NPI, first letter of the first name and the first 4 letters of the last name of the matched record. The claim is considered verified, if the NPI or names match for the attending physician.

All providers should be verifying their enrollment on the CMS on-line enrollment systems known as Internet-based PECOS.

Notes:

- When CR6856 is implemented, the requirement (Transmittal 270, CR6093, Reporting NPIs for Secondary Providers, dated October 15, 2008) to use the billing provider's NPI as the NPI of the attending physician, and the name of the attending physician, if the NPI of the attending physician cannot be determined by the billing provider is no longer valid.
- A doctor of podiatric medicine may perform only plan of treatment functions that are consistent with the functions he or she is authorized to perform under State law.

Additional Information

If you have questions, please contact your Medicare RHHI at their toll-free number which may be found at

<http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

The official instruction (CR6856) issued to your Medicare FI, RHHI or A/B MAC is available at <http://www.cms.gov/Transmittals/downloads/R7810TN.pdf> on the CMS website.

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